

MAR 15 2002

K012787
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Orthopaedic Division

Smith & Nephew, Inc.
1450 Brooks Rd., Memphis, TN 38116 U.S.A.
901-396-2121, For information: 1-800-821-5700
For orders and order inquiries: 1-800-238-7538

Smith+Nephew

510(k) Summary of Safety and Effectiveness

Submitter's name: Smith & Nephew, Inc., Orthopaedic Division

Submitter's address: 1450 Brooks Road, Memphis, TN 38116

Submitter's telephone number: Direct phone: 901-399-6487 or FAX: 901-398-5146

Contact person: David Henley, Senior Clinical/Regulatory Affairs Specialist

Date summary prepared: March 15, 2002

Trade or proprietary device name: UHMWPE Components of the *Reflection® Acetabular System*
Sterilized with the VHP® Sterilization Process

Common or usual name: Reflection Acetabular System UHMWPE Components

Classification name: 21 CFR 888.3358, hip joint, metal/polymer/metal, semi-constrained porous-coated, uncemented prosthesis
21 CFR 888.3350, hip joint, metal/polymer, semi-constrained, cemented prosthesis

**Substantially Equivalent Legally
Marketed Devices**

- *Reflection® Acetabular System* – Smith & Nephew, Inc.

Device Description

There have been no changes in indications for use, design, or material property changes to any Reflection Acetabular Liner or All Polyethylene Cup components that will be sterilized using the VHP® process.

The VHP® sterilization process uses hydrogen peroxide (H₂O₂) vapor for sterilization of Reflection Acetabular System components (acetabular liners and all polyethylene cups) manufactured from UHMWPE using the Century SL VHP® Sterilizer. Sterilization is achieved by a series of H₂O₂ gas injections at deep vacuum set points. Aeration of the medical devices after sterilization is conducted by a series of chamber evacuations.

Device Intended Use

Total hip components are indicated for individuals undergoing primary and revision surgery where other treatments or devices have failed in rehabilitating hips damaged as a result of trauma, inflammatory joint disease such as rheumatoid arthritis, or noninflammatory degenerative joint disease (NIDJD) or any of its composite diagnoses such as osteoarthritis; avascular necrosis; traumatic arthritis; slipped capital epiphysis; fused hip; fracture of the pelvis and diastrophic variant; inflammatory degenerative joint disease including rheumatoid arthritis, arthritis secondary to a variety of diseases and anomalies, and congenital dysplasia; old, remote osteomyelitis with an extended drainage-free period, in which case, the patient should be warned of an above normal danger of infection postoperatively; treatments of non-union; femoral neck fracture and trochanteric fractures of the proximal femur with head involvement that are unmanageable using other techniques; femoral osteotomy, or Girdlestone resection; fracture dislocation of the hip; and correction of deformity.

When used in combination with an appropriately sized Reflection metal acetabular shell, Reflection Acetabular Liners are intended for cemented or uncemented use. Reflection All Polyethylene Cups are intended for cemented use only. Reflection Acetabular Liners and All Polyethylene Cups are intended for single use only.

The Orthopaedic Division of Smith & Nephew, Inc. will utilize the VHP[®] sterilization process to terminally sterilize all orthopaedic implant components manufactured from UHMWPE material in the *Reflection[®] Acetabular System* (i.e. acetabular liners and all polyethylene cups)

Technological Characteristics

The VHP[®] sterilization process is similar to the predicate sterilization processes listed above. Both of these predicate sterilization processes are intended to terminally sterilize orthopaedic implants/medical devices to a Sterility Assurance Level (SAL) of 10^{-6} . When compared to the VHP[®] process, the predicate processes also have similar technological characteristics.

Performance Characteristics

The Orthopaedic Division of Smith & Nephew, Inc. has conducted numerous tests as supporting evidence that the VHP[®] sterilization process is qualified for sterilization of all UHMWPE orthopaedic implants in the *Reflection Acetabular System* by demonstrating the following:

- Microbicidal effectiveness of the vaporized hydrogen peroxide
- The effects of the VHP[®] sterilization cycle on UHMWPE material and the materials in which the product is packaged
- Process validation efforts to demonstrate that the VHP[®] sterilization process is effective and reproducible resulting in a SAL of at least 10^{-6}

Test results demonstrated that the VHP[®] sterilization process is capable of terminally sterilizing UHMWPE orthopaedic implants and verifies achievement of a SAL of 10^{-6} . The VHP[®] sterilization process was also demonstrated to be safe, reproducible, predictable and effective in sterilizing UHMWPE orthopaedic implants packaged and sealed in Tyvek[®]/Mylar[®] pouches.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

MAR 15 2002

Mr. David Henley
Senior Clinical/Regulatory Affairs Specialist
Orthopedic Division
Smith & Nephew, Inc.
1450 Brooks Road
Memphis, Tennessee 38116

Re: K012787

Trade/Device Name: UHMWPE Components of the Reflection® Acetabular Systems

Regulation Number: 21 CFR 888.3358 and 21CFR 888.3350

Regulation Name: Hip Joint Metal/Polymer/Metal, Semi-constrained Porous Coated
Uncemented Prosthesis; and

Hip Joint Metal/Polymer/Metal, Semi-constrained Cemented Prosthesis

Regulatory Class: Class II

Product Code: LPH, JDI

Dated: December 14, 2001

Received: December 17, 2001

Dear Mr. Henley:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

for Mark N. Miller

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative
and Neurological Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

**Premarket Notification
Indications Enclosure**

510(k) Number (if known): K012787

Device Name: UHMWPE Components of the Reflection® Acetabular System Sterilized with the VHP® Sterilization Process

Indications for Use:

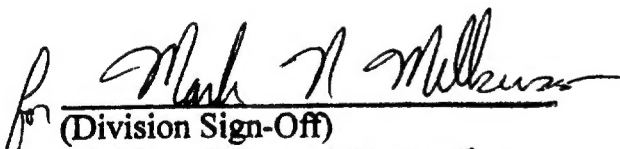
Total hip components are indicated for individuals undergoing primary and revision surgery where other treatments or devices have failed in rehabilitating hips damaged as a result of trauma, inflammatory joint disease such as rheumatoid arthritis, or noninflammatory degenerative joint disease (NIDJD) or any of its composite diagnoses such as osteoarthritis; avascular necrosis; traumatic arthritis; slipped capital epiphysis; fused hip; fracture of the pelvis and diastrophic variant; inflammatory degenerative joint disease including rheumatoid arthritis, arthritis secondary to a variety of diseases and anomalies, and congenital dysplasia; old, remote osteomyelitis with an extended drainage-free period, in which case, the patient should be warned of an above normal danger of infection postoperatively; treatments of non-union; femoral neck fracture and trochanteric fractures of the proximal femur with head involvement that are unmanageable using other techniques; femoral osteotomy, or Girdlestone resection; fracture dislocation of the hip; and correction of deformity.

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(PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)


(Division Sign-Off)
Division of General, Restorative
and Neurological Devices

510(k) Number K012787

Prescription Use Yes
(Per 21 CFR 801.109)

OR

Over-the-Counter Use No
(Optional Format 1-2-96)